

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Prudence Posner Mailing Address 3 College Street City Canton State NY Zip Code 13617 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID: 2106827</b> Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Ellen M. Poss Mailing Address 450 Warren Street City Brookline State MA Zip Code 02445 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6 <b>Transaction ID: 2096098</b> Amount of Each Receipt this Period 5000.00
<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Roberta K. Potsic Mailing Address 1057 Beaumont Road City Berwyn State PA Zip Code 19312 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Delaware County Community College Occupation Career Counselor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6 <b>Transaction ID: 2110355</b> Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**5270.00**

**TOTAL** This Period (last page this line number only) .....